



A Guide to Your 2015–16 UnitedHealthcare Benefits from Maricopa County

Simple.
Personal. Empowering.

An easy-to-use guide to understanding your UnitedHealthcare benefits offered by Maricopa County.



Open Enrollment is
April 13, 2015 through May 8, 2015

What’s Inside:

Introduction	2
Health plan benefit information	3
Health plan benefits	4
UnitedHealthcare PPO	5
UnitedHealthcare HDHP with HSA	6
Prescription benefits	8
myuhc.com	9
Personal care programs and more	10
Health & Benefit News	11
Preventive care	12
UHC TV	13

Visit welcometouhc.com/maricopa
Call 1-888-876-7098





Simple. Personal. Empowering.

MARICOPA COUNTY IS COMMITTED TO YOUR HEALTH AND WELLBEING.

We hope you use this guide to learn about your benefits and the many great services available to you. When you choose UnitedHealthcare, you can count on us to be there when you need us, to help protect you financially, and to guide you through any health care needs.

If you need help or have questions about your benefits, give us a call. Ask us questions about benefit details. Or, ask us to help check if your doctor or hospital is In-Network. Remember that the UnitedHealthcare network is National.

About UnitedHealthcare

- Our mission is to Help people live healthier lives™.
- Our headquarters is near Minneapolis, Minnesota.
- We serve more than 45 million people worldwide.
- We work with more than 820,000 health care providers and 6,000 hospitals nationwide.
- Our parent company, UnitedHealth Group, has been ranked #1 in the insurance and managed care sector on Fortune's "World's Most Admired Companies" list for four straight years.

FORTUNE® Magazine, February 2014. FORTUNE is a registered trademark of Time, Inc. FORTUNE and Time Inc. are not affiliated with, and do not endorse products or services of, UnitedHealth Group.



Call us at 1-888-876-7098 or go to welcometouhc.com/maricopa

- Learn about your benefits
- Find In-Network providers
- Estimate plan costs
- Learn about the many tools and resources available and more

Health Plan Benefit Information

COVERED SERVICES

Here is a summary of the many services the plans will cover. See page 4 for coverage details.

- Doctor office visits
- Pregnancy and newborn care
- Emergency services
- Preventive care services
- Hospital care
- Rehabilitative services and devices
- Lab services
- Wellness services
- Outpatient care services

FIND AN IN-NETWORK DOCTOR OR HOSPITAL

Health care providers who are In-Network have agreed to charge lower prices, which helps lower your health care costs. There are two ways to find out if your local doctor, clinic or hospital is In-Network.



Go online

1 welcometouhc.com/maricopa

2 Select Find a Doctor.

3 Select your health plan.

4 Enter a doctor or facility name, specialty or condition. You can search by distance, gender, language and more.



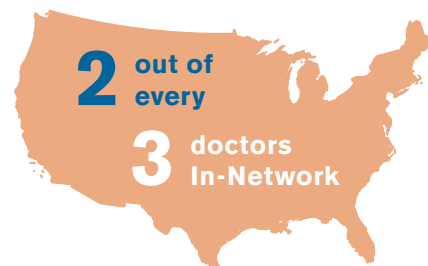
Call us

Call Customer Care at
1-888-876-7098 if you need
help with your search.



**Your preventive care
is covered 100%
In-Network.**

You don't have to pay any out-of-pocket costs for preventive care as long as you use an In-Network doctor.



About the network:

More than 820,000 doctors and health care professionals (that's 2 out of every 3 doctors)

More than 6,000 hospitals and health care facilities

Local access to 98% of the U.S. population

HEALTH PLAN BENEFITS AT A GLANCE

Medical	UnitedHealthcare PPO	UnitedHealthcare HDHP with HSA
	In-Network / Out-of-Network	In-Network / Out-of-Network
Deductible		
Employee	\$350 / \$700	\$1,500 ³ / \$3,000 ³
Family	\$700 / \$1,400	\$3,000 / \$6,000
Out-of-Pocket Maximum⁴		
Employee	\$3,000 / \$6,000	\$3,000 ³ / \$6,000 ³
Family	\$6,000 / \$12,000	\$6,000 / \$12,000
Employer HSA Contribution		
Employee	Not available	up to \$500
Family		up to \$1,000
Lifetime Maximum	Unlimited	Unlimited
Covered Services		
Doctors and Specialties		
Doctor visit	\$40 co-pay / 50% ¹	10% ¹ / 50% ¹
Specialist visit	\$55 ² co-pay / \$70 co-pay / 50% ¹	10% ¹ / 50% ¹
Preventive Care		
Well-child visits	No Charge / Not Covered	No Charge / Not Covered
Mammogram	No Charge / Not Covered	No Charge / Not Covered
Immunizations	No Charge / Not Covered	No Charge / Not Covered
Annual Physical	No Charge / Not Covered	No Charge / Not Covered
Urgent and Emergency Care		
Urgent care visit	\$75 co-pay / Same as In-Network	10% ¹ / Same as In-Network
Emergency room	\$200 co-pay / Same as In-Network	10% ¹ / Same as In-Network
Ambulance	10% ¹ / Same as In-Network	10% ¹ / Same as In-Network
Hospital Care		
Outpatient surgery	10% ¹ / 50% ¹	10% ¹ / 50% ¹
Lab and x-ray	10% ¹ / 50% ¹	10% ¹ / 50% ¹
Hospital stay	10% ¹ / 50% ¹	10% ¹ / 50% ¹
Maternity stay	10% ¹ / 50% ¹	10% ¹ / 50% ¹

Prescription		
Retail		
Tier 1	See your Catamaran Benefits	30% ¹ / Not Covered
Tier 2		40% ¹ / Not Covered
Tier 3		50% ¹ / Not Covered
Mail Order		
Tier 1	See your Catamaran Benefits	30% ¹ / Not Covered
Tier 2		40% ¹ / Not Covered
Tier 3		50% ¹ / Not Covered

¹ After deductible is satisfied.

² Tier 1 specialist co-pay.

³ If you cover any family members, the individual amounts do not apply.

⁴ The Out-of-Pocket Maximum includes Out-of-Pocket expenses for In-Network Mental Health and Substance Abuse covered services

UnitedHealthcare HDHP has Tier 1 and Tier 2 preventive medications at no charge.

This information is a general description of your coverage. It is not a contract and does not replace the official benefit coverage documents which may include a Summary of Benefits and Coverage and Certificate of Coverage/Summary Plan Description. If descriptions, percentages, and dollar amounts in this guide differ from what is in the official benefit coverage documents, the official benefits coverage documents prevail.





UNITEDHEALTHCARE PPO

You have the freedom to use any doctor or hospital you want.

But you can save money when you choose doctors (including specialists), hospitals, labs and pharmacies In-Network. Health care providers who are in our network have agreed to charge lower prices.

You also have coverage if you receive care Out-of-Network. However, you will pay more for the service.

You do not need to choose a primary care physician.

But a primary care physician can be helpful in managing your care.

You do not need a referral to see a specialist.

See any doctor, including specialists, without referrals.

A national network to help lower your costs

No matter where you are in the U.S., an In-Network doctor is likely nearby.

HOW THE PLAN WORKS

1 You will pay a **co-pay** for doctor visits.^{1,2} A co-pay is a fixed amount of money you have to pay each time you see a doctor.

2 You will have a **deductible**.^{1,2} The deductible is the amount you owe for covered services before your plan starts to pay.

3 Your plan will have **co-insurance**.^{1,2} Your plan will pay a percentage of each covered service, and you will pay the rest.

4 You are protected with an **out-of-pocket maximum**. This is the most you will pay during a plan year for covered services. If you reach the out-of-pocket maximum, the plan will pay 100% of covered services for the rest of the plan year.

See page 4 for details about the plan.

¹ Does not apply for eligible preventive care expenses

² Included in the out-of-pocket limit



UNITEDHEALTHCARE HDHP WITH HSA

You have the freedom to use any doctor or hospital you want.

But you can save money when you choose doctors (including specialists), hospitals, labs and pharmacies in the network. Health care providers who are In-Network have agreed to charge lower prices.

You also have coverage if you choose to receive care outside the network. However, you will pay more for the service.

You do not need to choose a primary care physician.

But a primary care physician can be helpful in managing your care.

You do not need a referral to see a specialist.

See any doctor, including specialists, without referrals.

YOU CAN OPEN A HEALTH SAVINGS ACCOUNT (HSA).

This plan lets you open an HSA. An HSA is a personal bank account to help you save and pay for health care, while giving you real tax savings.

You can use the HSA to pay for qualified medical expenses.

Use it for covered services such as doctor visits and prescriptions. Use it for other qualified medical expenses like dental and vision services.

You own the HSA. The money is yours to keep.

- There's no "use it or lose it" rule. The money stays in the account until you use it.
- If you leave your employer, change health plans or retire, you take it with you.
- Use it to pay for services today or save it for a future need – even into retirement.

You don't have to pay federal or, in most instances, state income taxes.

- Deposits you or others make
- Money you spend on qualified expenses
- Interest earned while money is in the account

You must be eligible to have an HSA. Visit welcometouhc.com/maricopa to see eligibility requirements, estimate tax savings and more.

See page 4 for details about the plan.

A national network to help lower your costs

No matter where you are in the U.S., an In-Network doctor is likely nearby.

Open your HSA with Optum BankSM, Member FDIC.

More than a million people use Optum Bank as their HSA bank. With Optum Bank, you can do your banking through your plan website, myuhc.com. Plus, you get:

- Online bill payment
- A debit card to make it easy to pay and more

Learn more at welcometouhc.com/maricopa.



2 STEPS TO START YOUR SAVINGS

1 Don't leave free money on the table.

Maricopa County is contributing to the HSA. But you can only get this money by opening your account.

Employee up to \$500

Family up to \$1,000

2 Set a savings goal.

Even small deposits can make a big difference. Check with your employer to see if you can make regular, pretax deposits through payroll deductions.

2015 HSA Limits

The IRS limits how much you can put into your HSA each year. The 2015 limits are:

- \$3,350 for individual coverage
- \$6,650 for family coverage

Are You 55 or Older?

You can put in an extra \$1,000 this year.

HOW THE PLAN WORKS

Here's how the plan works in three simple steps. Remember, the plan covers your preventive care at 100% when you use In-Network doctors.

STEP 1 Your deductible – You pay until you reach the deductible.

The deductible is the amount that you pay for covered health care services before your health starts to pay. You will pay for all covered services (medical and pharmacy) until you pay your deductible.

You can pay for services with the money in your HSA. Or, you can pay another way (cash, credit card or check) and let your HSA grow.

STEP 2 Your co-insurance – You and your plan share the cost of services.

After paying the deductible, your plan will have co-insurance. Co-insurance is when you and your plan share the cost of covered services.

After the deductible, your plan will have a co-payment for certain services, such as prescriptions.

STEP 3 Your out-of-pocket maximum – You are done paying.

If your deductible and co-insurance payments reach the out-of-pocket maximum, you are done paying. Your plan will pay 100% of covered services for the rest of the plan year. This maximum is there to protect you if you have a major medical event.



Paying for prescriptions

You will have to pay the full cost of your covered prescriptions until you've paid the deductible. This might be a big change for you. But you can use your HSA to help pay. Be sure to talk to your doctor or pharmacist about ways to help manage and lower your costs.

STEP
1

Your deductible

\$1,500 / \$3,000
In-Network

STEP
2

Your co-insurance (After you reach the deductible)

**Your plan
pays 90%
In-Network**

+

**You pay
10% In-Network**

**You can pay your share
using your HSA.**

STEP
3

Your out-of-pocket maximum

**You are
done paying**

**When you reach the limit,
the plan pays 100%.**

Preventive care is covered 100% when you use a network doctor.

If you're asked to pay at the doctor's office: Most health care providers will send your bill (claim) to UnitedHealthcare before you are asked to pay anything. Some providers may ask you to pay some of the cost during your visit. If you make a payment, it will apply to your deductible and out-of-pocket maximum.

PRESCRIPTION BENEFITS

ABOUT YOUR PRESCRIPTION BENEFITS – IF ENROLLED IN A HIGH DEDUCTIBLE HEALTH PLAN

Home delivery

Your preferred pharmacy for filling the medication you take on an ongoing basis is the OptumRx Mail Service Pharmacy.

- **Convenience:** Receive home delivery of your medication with free standard shipping.
- **A pharmacist on call:** You can speak to a pharmacist who can answer your questions any time, any day.
- **Helpful reminders:** Set up text and email reminders to help you remember to take or refill your medication.

Mail Service Member SelectSM

Your plan includes this home delivery program, which encourages you to use the OptumRx Mail Service Pharmacy for medications you take regularly.

- Simply call the number on the back of your plan ID card and a Customer Service Agent can get you started and help transfer any medication.
- Or, you can also choose to disenroll from mail service and continue filling your prescription at a retail pharmacy for your standard out-of-pocket cost.
- If the medication you are taking is included in this program, you will receive communication explaining what action you need to take.

Network access

- You will have access to thousands of retail pharmacies, including large national chains, and many local, community pharmacies.
- For medication you take on an ongoing basis you can use the OptumRx Mail Service Pharmacy.
- Prescriptions purchased at Out-of-Network pharmacies are not covered.
- If you take a specialty medication, a designated specialty pharmacy will fill your prescription.
- Your specialty pharmacy will also provide educational and clinical support.

Managing your prescriptions

- The Prescription Drug list (PDL) includes brand and generic medication approved by the U.S. Food and Drug Administration (FDA).
- The PDL places commonly prescribed medication for certain conditions into “tiers.”
- Talk with your doctor to find lower-cost options that may be available to treat your condition.



Your online tools

Go to welcometouhc.com/maricopa for helpful tools and information:

- Locate a participating retail pharmacy.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

What are tiers?

Each medication is rated according to its cost. There are three tiers in the rating: tier 1 is the lowest cost medication; tier 3 is the highest cost.

Tier 1



Tier 2



Tier 3



For illustrative purposes only. Some plans can have more tiers.

AFTER YOU ENROLL:

MYUHC.COM[®]

Use myuhc.com to take charge of your health care.

As a member, **myuhc.com** is where to go for all of your UnitedHealthcare benefit information.

But it offers you more than that. You'll have easy access to tools to help you make decisions about your health, organize your health information and even improve your health.

Take charge of your health care. Be sure to register on myuhc.com after you sign up for your benefits.



Check out these helpful tools.

Easily estimate health care costs.

myHealthcare Cost Estimator shows you the estimated costs for a treatment or procedure. You'll even see what you could be responsible for paying based on your plan. Finally there's a tool that makes searching for health care costs an easy and personal shopping experience.

Easily find high quality doctors.

The **UnitedHealth Premium[®] designation program** makes it easy to find In-Network doctors who meet national standards for quality and local market benchmarks for cost efficiency. When you do an online search for an In-Network doctor, Look for this symbol:

TIER 1

Easily manage and pay your claims.

myClaims Manager provides a clearer explanation of your claims and costs, which helps you better understand and track your expenses. You can even pay your health care providers online for any claim that shows a 'You Owe' amount.



Use myuhc.com wherever you are.

Download the **UnitedHealthcare Health4Me[™]** mobile app.



Health4Me provides instant access to your family's critical health information – anytime and anywhere.





AFTER YOU ENROLL:

PERSONAL CARE

PERSONAL CARE WHEN YOU NEED IT

You'll get personal attention if you need help finding the right care or managing a complex health condition. Here are just some of the clinical programs and services that are available. These are included at no extra cost to you and your covered dependents.

If you need to speak with a registered nurse

myNurseLineSM services is a personal service that connects you with registered nurses who can help answer your health care questions. This service is available 24/7.

The nurse can:

- Answer questions about an illness or injury
- Provide support on managing a chronic condition
- Help you find high quality In-Network doctors and scheduling appointments
- Explain medications, drug interactions or medication alternatives
- Inform you about preventive care

You can access myNurseLine with the Health4Me app or you can call 1-855-466-7886.

If you are pregnant or thinking about having a baby

The Healthy Pregnancy Program will help you through every stage of your pregnancy and delivery. Members can enroll by calling **1-888-246-7389** or by going to **healthy-pregnancy.com**. When you sign up, you will have access to:

- Experienced nurses 24/7
- Information to help you identify risks and special needs
- Our online Healthy Pregnancy Owner's Manual and other materials
- Complimentary gifts and money saving coupons



If you are looking for top-notch health care facilities and providers

If you or a family member is diagnosed with a severe condition, we can connect you with national Centers of Excellence. The centers are leading health care facilities and health care providers who will help you decide where to get care, coordinate your care with your treatment team, help with scheduling appointments and more.

AFTER YOU ENROLL:

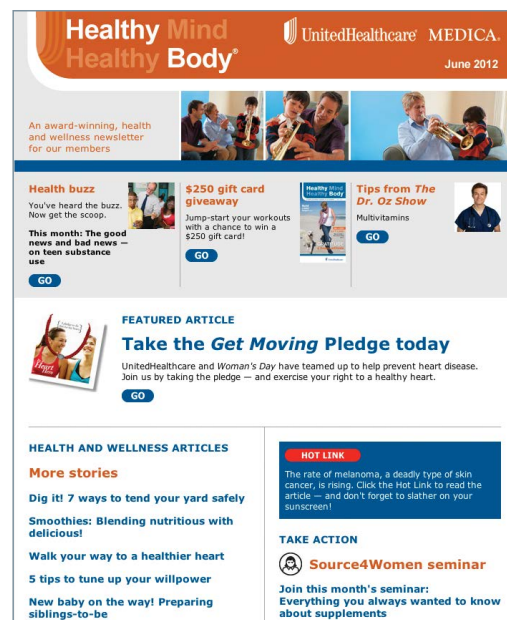
STAY INFORMED ABOUT YOUR BENEFITS AND THE LATEST HEALTH NEWS.

SIGN UP FOR *HEALTHY MIND HEALTHY BODY*®, YOUR PERSONALIZED HEALTH E-NEWSLETTER.

Healthy Mind Healthy Body® is an award-winning newsletter, giving you health and medical news that is personalized to your interests. Once you sign up, you can choose the topics that you care about and we email the newsletter to your personal email account each month.

SIGN UP FOR *NEWS FOR U* TO GET NEWS ABOUT YOUR BENEFITS

Get monthly news and information on tools and resources to help you get the most out of your UnitedHealthcare benefits. You will receive news to help you stay informed on preventive care, learn about cost saving tools and tips and how to make your health care experience easier.



Signing up is easy.

You can sign up now at uhc.com/myhealthnews. Or, you can sign up when you register/log in to myuhc.com. Go to your Account Settings.


VISIT SOURCE4WOMEN.COM FOR ANSWERS TO YOUR HEALTH AND WELLNESS QUESTIONS




Source4Women® gives you answers to your health and wellness questions in plain language. From interactive seminars and presentations to healthy recipes and tips from the experts, we give you information to help you make more informed decisions.

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PERSONAL CARE

TAKE ADVANTAGE OF PREVENTIVE CARE TO HELP MANAGE YOUR HEALTH.

What does preventive care do for me?

Regular preventive care visits and health screenings may help to identify potential health risks, and may help you avoid serious health problems. Your doctor will determine what preventive care services or health screenings may be right for you.

What is covered as a preventive care service?

When a service is provided specifically for preventive screening, and there are no known symptoms, illnesses, or history, the service will usually be considered preventive care.

Preventive care services will be based on many factors such as your age, gender, overall health status, personal health history and your current health condition.

Preventive care services may include many types of services, which are subject to age and gender guidelines, including:

Physician office services:

- Routine physical examinations
- Well baby and well child care
- Well woman and well man exams
- Immunizations

Lab, X-ray or other preventive screening tests:

- Screening mammography
- Colorectal cancer screening
- Cervical cancer screening
- Osteoporosis screening

How do I know if a service is preventive care or not?

When you visit your doctor, the services you receive will be considered either preventive care or non-preventive care depending on many factors. See if you can determine whether the care received in the following scenarios would be considered preventive or non-preventive.

Situation 1	Situation 2
A woman visits her In-Network doctor for her screening Mammogram.	A man visits his In-Network doctor for his preventive care exam and based on his age, his doctor recommends a screening colonoscopy.
Answer: This is considered preventive care because her visit is part of a routine annual exam and has not been prompted by any sort of previous diagnosis.	Answer: This is considered preventive care because this service is part of a routine annual exam and has not been prompted by any sort of previous diagnosis.

For more information about the preventive care services that may be right for you visit www.uhcpreventivecare.com.

¹ The guidelines are based on the recommendations of the U.S. Preventive Services Task Force (USPSTF), U.S. Department of Health and Human Services and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of your health plan ID card.





BE SURE TO CHECK OUT:
UHC.TVSM

LEARN. LAUGH. BE INSPIRED.

UHC TV is an Internet TV network that inspires people to choose healthier living and educates them to get the most out of their health benefits. From short, original videos with health insurance explanations to tips on healthy eating, seeing your doctor, and living well, it's available anytime from a computer, tablet, or mobile device.

WHAT CAN YOU DO AT UHC TV?



Ask questions

Submit your questions to our cooking, nutrition, and medical experts and view their video answers



Unwind with a laugh


Take a stress break and watch a few two-minute comedy bits. It's good for your heart.





Unravel health insurance mysteries

Get simplified definitions to help you sort out the basics of health insurance. We all need to understand more than we do.

Share with friends

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Stay informed

Subscribe to receive new videos as they are posted so you don't miss a thing.



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc., or their affiliates.

As a company dedicated to helping people to live healthier lives, UnitedHealthcare encourages our enrollees to receive preventive health services. The health care reform law requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. UnitedHealthcare covers preventive services, as specified in the health care reform law, at 100% without charging a copayment, coinsurance or deductible, as long as they are received in the health plan's network. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

For a complete description of the UnitedHealth Premium® designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please see myuhc.com.

All UnitedHealthcare members can access a cost estimator online tool at myuhc.com. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available in the Health4Me mobile app, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

Source4Women content and materials are for information purposes only, are not intended to be used for diagnosing problems and/or recommending treatment options, and are not a substitute for your doctor's care. Lists of potential treatment options and/or symptoms may not be all inclusive.

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The myNurseLineSM, Care Coordination Nurse, and Cancer Nurse Advocate services are for informational purposes only, and should not be used for emergency or urgent care situations. In an emergency, call 911 or go to the nearest emergency room. Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. These services are not an insurance program and may be discontinued at any time. They are included as part of your health plan.

Information for individuals residing in the state of Louisiana or have policies issued in Louisiana: Health care services may be provided to you at a network health care facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of these fees for those non-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and non-covered services. Specific information about network and non-network facility-based physicians can be found at myuhc.com or by calling the toll-free Customer Care telephone number that appears on the back of your health plan ID card.